



Quarterly Financial Review (June 2013) Office of Medicaid Policy & Planning





Quarterly Financial Review

- OMPP Financials
 - Medicaid Administration
 - Medicaid Assistance
- Adult Medicaid Quality Grant



ADMINISTRATION



Medicaid Administration Program Summary June 2013 YTD

Expenditures

.1 Personnel Services
.2 Utilities Expenses
.3 External Services Expense
.4 Supplies Materials Parts
.5 Capital
.7 Grant Expense
.8 Social Service Payments
.9 Administrative Expense
ID Bills
Total

SFY 2013 Year To Date		Variance
Actual	Budget	
9,097,109	10,553,307	1,456,198
-	-	-
99,336,328	131,928,065	32,591,736
21,321	40,051	18,731
197	10,000	9,803
5,468,571	5,512,846	44,275
2,778,588	3,301,193	522,605
100,361	102,750	2,389
507,766	495,801	(11,966)
117,310,241	151,944,013	34,633,772

Expenditures

Federal
State
Total

SFY 2013 Year To Date		Variance
Actual	Budget	
82,996,867	109,033,648	26,036,781
34,313,374	42,910,365	8,596,991
117,310,241	109,033,648	26,036,781

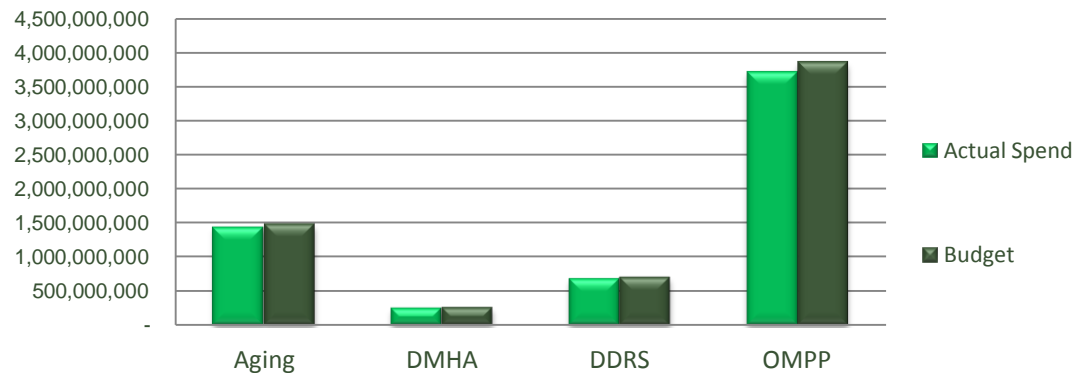
- Personnel Service variance to PCN vacancies.
- Contract variance due to timing.



ASSISTANCE



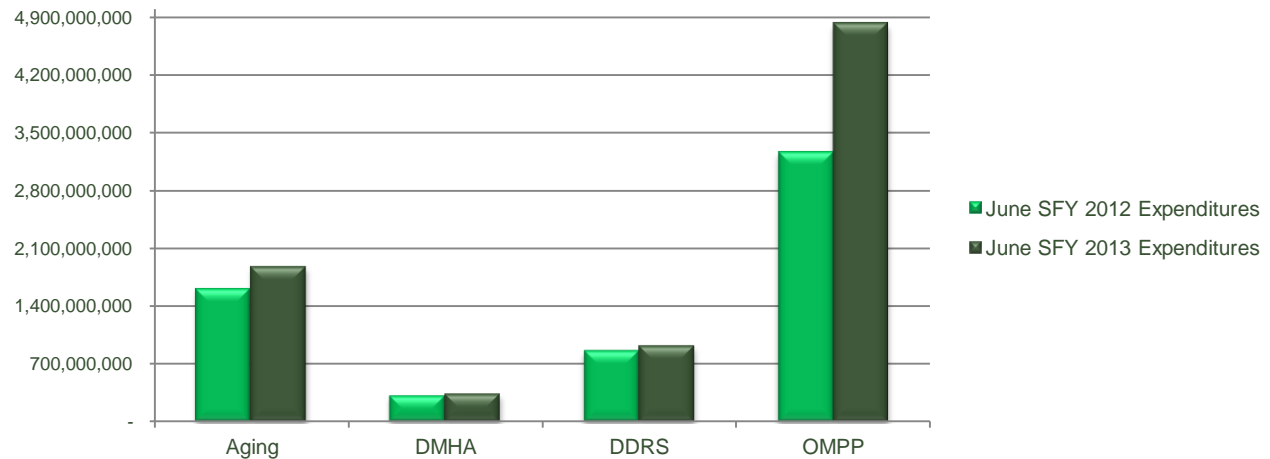
Medicaid Assistance June 2013 YTD Actual Spend vs. Budget



Division	Actual Spend SFY 2013	Budget SFY 2013	Variance	Variance Explanation
Aging	1,886,206,037	1,972,499,885	4.57%	<ul style="list-style-type: none"> Nursing Facility Expenditures Waiver Expenditures State Plan Expenditures
DMHA	343,909,547	359,317,008	4.48%	<ul style="list-style-type: none"> MRO Expenditures PRTF Facility Expenditures
DDRS	925,815,772	961,561,822	3.86%	<ul style="list-style-type: none"> Waiver Expenditures
OMPP	4,826,558,598	5,038,794,894	4.40%	<ul style="list-style-type: none"> State Plan Expenditures – Primarily
Total	7,982,489,954	8,332,173,609	4.38%	



Medicaid Assistance Expenditures June SFY 2012 vs. June SFY 2013

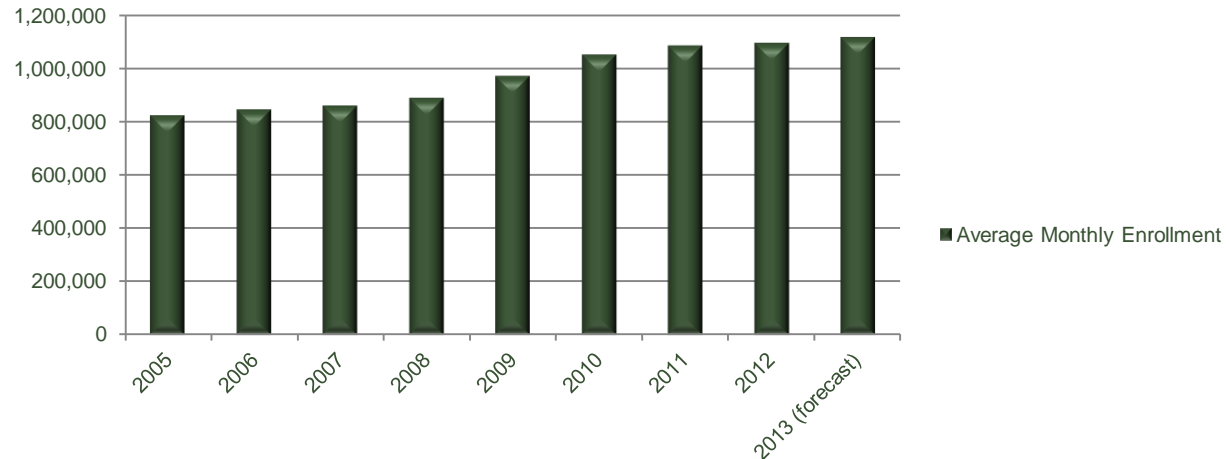


Division	June SFY 2012 Expenditures	June SFY 2013 Expenditures	Increase	Variance Explanation
Aging	1,614,254,605	1,886,206,037	17%	<ul style="list-style-type: none"> • Increase in NF Service Expenditures • Increase in Waiver Services Expenditures <ul style="list-style-type: none"> ✓ Primarily A&D Waiver • Increase in State Plan Services Expenditures <ul style="list-style-type: none"> ✓ Primarily Increase in Home Health Services, as well as Inpatient and Outpatient Services
DMHA	323,722,947	343,909,547	6%	<ul style="list-style-type: none"> • Increase in non State Plan Services <ul style="list-style-type: none"> ✓ Primarily driven by increase in MRO services, as well as Inpatient Psych and Office or Other Outpatient Facility
DDRS	865,372,652	925,815,772	7%	<ul style="list-style-type: none"> • Increase in Waiver Services Expenditures <ul style="list-style-type: none"> ✓ Primarily Rehab Services, as well as Case Management • Increase in State Plan Services Expenditures <ul style="list-style-type: none"> ✓ Primarily Increase in Home Health Services, as well as Inpatient and Outpatient Services
OMPP	3,262,338,940	4,826,558,598	48%	<ul style="list-style-type: none"> • Hospital Assessment Fees - MCO
Total - Budgeted Expenditures	6,065,689,144	7,982,489,954	32%	



Enrollment

Average Monthly Enrollment



Medicaid Enrollment		
State Fiscal Year	Average Monthly Enrollment	Growth
2005	820,985	
2006	842,870	3%
2007	856,641	2%
2008	884,879	3%
2009	967,475	9%
2010	1,046,513	8%
2011	1,080,185	3%
2012	1,091,425	1%
2013	1,112,329	2%

Medicaid continues to see a slight increase in enrollment year after year.



Total Medicaid Expenditures June 2013 YTD

June-13

Expenditures

Division Program Services
Nursing Facility
Hospice

Waiver Services

ICF/ID

Inpatient Psychiatric
Mental Health Rehabilitation
Other Mental Health Services
PRTF Facility
CA - PRTF

Managed Care Capitation Payments
Managed Care Kick Payments
Managed Care HAF Payments

Healthy Indiana Plan
PCCM/CMO Fees

State Plan Services
Other Expenditures and Collections
Total Budgeted Expenditures
Non-Budgeted Expenditures
Total - Expenditures

Current Month Actual	SFY 2013 Year to Date		Variance
	Actual Spend	Budget	
97,460,524	1,276,671,014	1,319,779,357	43,108,343
5,984,225	73,903,952	77,001,469	3,097,517
56,978,042	671,958,522	713,969,313	42,010,791
23,993,542	290,405,564	291,256,856	851,292
3,932,227	46,378,170	46,967,580	589,410
17,383,552	217,662,668	223,086,631	5,423,963
2,458,393	36,937,692	37,807,643	869,951
1,467,448	22,020,169	28,925,265	6,905,095
870,863	14,022,413	13,709,079	(313,334)
107,694,519	990,941,384	961,649,238	(29,292,145)
(651,548)	72,108,171	112,819,216	40,711,045
43,043,045	1,051,607,394	1,055,743,838	4,136,443
21,553,767	260,260,518	293,720,447	33,459,930
437,748	5,416,491	5,366,361	(50,130)
230,101,947	3,069,442,110	3,218,132,468	148,690,358
19,490,749	(117,246,280)	(67,761,153)	49,485,127
632,199,042	7,982,489,954	8,332,173,609	349,683,655
6,806,119	1,134,462,668	1,377,830,578	243,367,910
639,005,161	9,116,952,621	9,710,004,187	593,051,566

Per Enrollee

Estimated Enrollees
Total Cost per Enrollee per Month

1,123,709	1,112,329	1,123,090	10,761
\$563	\$598	\$618	\$20



Variance Explanations

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
Division Program Services				
Nursing Facility	1,276,671,014	1,319,779,357	3.38%	Favorable variance due primarily to: Lower enrollment than budgeted (4.3%). The budget assumed no growth during SFY 2013.
Hospice	73,903,952	77,001,469	4.19%	Favorable variance due primarily to: Utilization lower than budgeted.
Waiver Services				
Aged and Disabled Waiver – Waiver Services	132,156,663	142,724,765	8.00%	Favorable variance due primarily to: Enrollment lower than budgeted. Waiver cost per enrollee lower than budgeted, primarily driven by Attendant Care, which are 12% lower than budgeted.
MFP Demonstration Grant – Waiver Services	6,080,744	6,382,826	4.97%	Favorable variance due primarily to: Utilization of waiver services lower than budgeted. Waiver cost per enrollee lower than budgeted.
TBI Waiver - Waiver Services	5,167,254	5,598,567	8.35%	Favorable variance due primarily to: Waiver cost per enrollee lower than budgeted, primarily driven by Attendant Care, which is 16% lower than budgeted.
Family Supports – Waiver Services	51,150,633	57,888,341	13.17%	Favorable variance due primarily to: Enrollment lower than budgeted (6.1%). Waiver cost per enrollee lower than budgeted, primarily driven by Day Service expenditures, which is 25% lower than budgeted.
CIH - Waiver Services	477,403,229	501,374,816	5.02%	Favorable variance due primarily to: Enrollment lower than budgeted (4%). Waiver cost per enrollee lower than budgeted (1 %). Utilization lower than budgeted, primarily driven by Residential Habilitation and Support utilization which is 7% lower than budgeted.



Variance Explanations *cont'd*

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
ICF/ID				
ICF/ID Small Group Homes	272,185,917	260,601,437	-4.26%	Unfavorable variance due primarily to: Enrollment 8% higher than budgeted. Enrollment projections developed based on group home conversion schedule.
ICF/ID Large Private Facility	18,138,587	30,195,831	66.47%	Favorable variance due primarily to: Enrollment 12% lower than budgeted.
Mental Health				
Inpatient Psychiatric	46,378,170	46,967,580	1.27%	Favorable variance due primarily to: Utilization lower than budgeted.
Mental Health Rehabilitation	217,662,668	223,086,631	2.49%	Favorable variance due primarily to: Lower utilization than budgeted.
Other Mental Health Services	36,937,692	37,807,643	2.36%	Favorable variance due primarily to: Lower utilization than budgeted in ABD Care Select population. Estimated recipients are lower than budgeted (9%).
PRTF Facility	22,020,169	28,925,265	31.36%	Favorable variance due primarily to: Enrollment is lower than budgeted (21%).
CA - PRTF	14,022,413	13,709,079	-2.23%	Unfavorable variance due primarily to: Utilization higher than budgeted. Grant cost per enrollee slightly higher than budgeted.
RBMC				
Managed Care Capitation Payments	990,941,384	961,649,238	-2.96%	Unfavorable variance due primarily to: Kick payments integrated into the normal monthly capitation rates, which was not anticipated in the budget.
Managed Care Kick Payments	72,108,171	112,819,216	56.46%	Favorable variance due primarily to: Kick payments integrated into the normal monthly capitation rates.
Managed Care HAF Payments	1,051,607,394	1,055,743,838	0.39%	Favorable variance due primarily to: Lower than budgeted HAF payments.



State Plan Services Expenditures June 2013 YTD

	Current Month Actual	SFY 2013 Year to Date		Variance
		Actual Spend	Budget	
State Plan Services				
Hospital Services				
Inpatient Hospital	70,611,019	975,509,364	1,010,483,984	34,974,620
Outpatient Hospital	19,234,325	495,719,134	536,303,311	40,584,176
Rehabilitation Facility	624,207	7,544,193	8,382,685	838,492
Non-Hospital Services				
Physician Services	10,922,769	144,015,861	143,781,287	(234,574)
Lab and Radiology Services	2,704,591	33,980,381	33,327,876	(652,505)
Other Practitioner Services	438,864	5,720,703	6,063,128	342,425
Clinic Services	5,587,126	66,358,606	65,719,042	(639,564)
DME/Prosthetics	3,903,016	50,087,554	51,823,571	1,736,016
Medical Supplies	3,524,212	46,567,671	49,173,696	2,606,025
Transportation	3,267,208	42,952,970	46,724,037	3,771,067
Other Non-Hospital	3,892,837	29,584,138	31,438,242	1,854,104
Prescribed Drugs	69,615,162	717,220,903	756,463,918	39,243,015
OTC Drugs	695,670	6,580,065	7,384,498	804,433
Dental Services	14,423,505	199,124,724	204,964,721	5,839,997
Home Health Services	20,264,124	242,909,791	260,578,224	17,668,433
First Steps	393,311	5,566,051	5,520,249	(45,802)
Total - State Plan Services	230,101,947	3,069,442,110	3,218,132,468	148,690,358



Variance Explanations

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
State Plan				
Inpatient Hospital	975,509,364	1,010,483,984	3.59%	<u>Favorable variance due to:</u> Lower utilization in the ABD population, specifically the Care Select and Non Duals population, which makes up the majority of the favorable variance.
Outpatient Hospital	495,719,134	536,303,311	8.19%	<u>Favorable variance due to:</u> Lower utilization in the ABD population
Rehabilitation Facility	7,544,193	8,382,685	11.11%	<u>Favorable variance due to:</u> Utilization lower than budgeted, specifically driven by ABD population.
Physician Services	144,015,861	143,781,287	-0.16%	<u>Unfavorable variance due to:</u> Utilization slightly higher than budgeted, primarily driven by ABD population.
Lab and Radiology Services	33,980,381	33,327,876	-1.92%	<u>Unfavorable variance due to:</u> Utilization higher than budgeted, specifically driven by the ABD and Institutionalized population.
Other Practitioner Services	5,720,703	6,063,128	5.99%	<u>Favorable variance due to:</u> Utilization lower than budgeted, specifically driven by ABD Care Select population utilization.
Clinic Services	66,358,606	65,719,042	-0.96%	<u>Unfavorable variance due to:</u> Utilization higher than budgeted, primarily driven by HHW.



Variance Explanations *cont'd*

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
DME/Prosthetics	50,087,554	51,823,571	3.47%	<u>Favorable variance due to:</u> Utilization lower than budgeted, primarily driven by ABD population.
Medical Supplies	46,567,671	49,173,696	5.60%	<u>Favorable variance due to:</u> Utilization lower than budgeted, primarily in the ABD population.
Transportation	42,952,970	46,724,037	8.78%	<u>Favorable variance due to:</u> Utilization lower than budgeted, primarily driven by ABD population.
Other Non-Hospital	29,584,138	31,438,242	6.27%	<u>Favorable variance due to:</u> Utilization lower than budgeted, primarily in the ABD and Institutionalized population. This category includes Freestanding Dialysis, Vision, School Services, and Other. We continue to see a decline in Freestanding Dialysis expenditures relative to SFY 2012.
Prescribed Drugs	717,220,903	756,463,918	5.47%	<u>Favorable variance due to:</u> 87% of the favorable variance is due primarily to lower utilization than budgeted in the ABD population. Of that 80%, Care Select makes up 60% and Non Duals make up an additional 68% of the favorable variance.
OTC Drugs	6,580,065	7,384,498	12.23%	<u>Favorable variance due to:</u> Lower utilization than budgeted in the Institutionalized Population, Nursing Homes specifically.
Dental Services	6,580,065	7,384,498	2.93%	<u>Favorable variance due to:</u> Utilization lower than budgeted, primarily in the RBMC HHW population, which is 4% lower than budgeted.
Home Health Services	242,909,791	260,578,224	7.27%	<u>Favorable variance due to:</u> Utilization lower than budgeted, primarily in the ABD population, which is 6% lower than budgeted. Additionally, utilization in the A&D waiver population is lower than budgeted.



Variance Explanations *cont'd*

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
First Steps	5,566,051	5,520,249	-0.82%	Unfavorable variance due to: Utilization higher than budgeted, specifically in the HHW Child population.
Other Expenditures and Collections				
Pharmacy Rebates	(404,666,138)	(355,721,090)	-12.10%	Favorable variance due to: Pharmacy rebates were budgeted as 50% of pharmacy expenditures. Current trends indicate that rebates are coming in at a higher rate than budgeted (54%).



Adult Medicaid Quality Grant



Grant Summary

Centers for Medicare & Medicaid Services (CMS) awarded \$2 Million to OMPP to implement the “Adult Medicaid Quality Core Set Measures Grant” over a 2-year period (December 21, 2012 to December 21, 2014).

Grant Goals:

1. Testing and evaluating methods for collection and reporting of healthcare measures,
2. Developing capacity to report, analyze, and use the data for monitoring and improving access and the quality of care in Medicaid; and
3. Conducting at least two quality improvement projects (QIPs) over the 2-year grant period.



Grant Summary *cont'd*

- ☐ The QIPs will be implemented in a 5-county region in northern Indiana and will focus on the following:
 - ✓ Comprehensive Diabetes Care
 - ✓ Follow-up after Hospitalization for Mental Illness
 - ✓ Antidepressant Medication Management.
- ☐ OMPP will use the “Medicaid Medical Advisory Cabinet” (MMAC) to evaluate the overall effectiveness of the QIPs.
- ☐ OMPP is required to submit two progress reports and two annual reports to CMS on
- ☐ OMPP contracted with 6 vendors to collect data and implement the three QIPs.



Data Collection

Initial Core Set Measures

1. Adult BMI Assessment
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Screening for Clinical Depression and Follow-Up Plan
5. Plan All-Cause Readmission
6. Chlamydia Screening in Women Ages 21-24
7. Follow-Up After Hospitalization for Mental Illness
8. Annual HIV/AIDS Medical Visits
9. Controlling High Blood Pressure
10. Comprehensive Diabetes Care: : LDL-C Screening
11. Comprehensive Diabetes Care: Hemoglobin A1c Testing
12. Antidepressant Medication Management
13. Adherence to Antipsychotics for Individuals with Schizophrenia
14. Annual Monitoring for Patients on Persistent Medications
15. Care Transition—Transition Record Transmitted to Health Care Professional
16. Postpartum Care Rate



Quality Improvement Projects

Contractor: Michiana Health Information Network (MHIN)

- ☐ Diabetes Management
- ☐ Follow-up after hospitalization for mental illness

Contractors: Bowen, Oaklawn, Swanson, and Porter-Starke

- ☐ Follow-up after hospitalization for mental illness

Contractor: Concordance Health Solutions

- ☐ Diabetes (HEDIS CDC HbA1c testing and LDL-C screening) and Antidepressant Medication Management (HEDIS AMM)



The End